The intent of this agreement is to increase safety for students who have been the target of severe or repeated bullying, sexual harassment or dating violence. It is to be administered by the Principal or the Principal’s designee in a conference with the offending student and his or her parent.

Name of Student: ____________________________________________________________
Student ID: ________________________________________________________________
Date of most serious incident: ________________________________________________
Description of behaviors involved in incident: __________________________________

Date of assessment by Principal or designee: __________________________________
Date of Parent Notification: _________________________________________________

In order to protect the rights and safety of all members of our school community, you are required to stay away from (name of targeted student) at all times during the school day and at any school-sponsored event. This means that you may not approach, talk to, sit by or have any contact with (name of targeted student) at school or on school property, school busses and bus stops.

In addition, the following actions are effective immediately (list schedule changes, disciplinary and or restitution actions)

<table>
<thead>
<tr>
<th>Current Schedule</th>
<th>New Schedule</th>
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<tbody>
<tr>
<td>Advocacy A1</td>
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<tr>
<td>Advocacy A2</td>
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<td>Advocacy A3</td>
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<td>Advocacy A4</td>
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<tr>
<td>Advocacy B1</td>
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<td>Advocacy B2</td>
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<td>Advocacy B3</td>
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<tr>
<td>Advocacy B4</td>
<td></td>
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</tbody>
</table>
Stay Away Agreement

Violations of this agreement and acts of retaliation directly or indirectly toward the target or the target’s friends or family members will be taken seriously and will result in further disciplinary actions. Your compliance will be monitored by:

________________________________________________________________________
(Name and Title of School Staff)

Agreement is valid from_______________________(date) to_____________________(date)

This Agreement will be reviewed on________________________________________

________________________________________________________________________(date)

Signatures

Student:_________________________________ Date:____________________

Parent/Guardian:________________________ Date:____________________

Administrator:_________________________ Date:____________________

Cc: Principal
    Assistant
    Principal
    Counselor